

THE UNIT DOSE DRUG DISTRIBUTION SYSTEM

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In September 1981, I visited the Central Hospital for psychiatric cases in Hatton near Warwick (U.K.). The hospital has for some years operated a unit dose drug distribution system based on a supply of strip packed tablets provided by the West Midlands Regional Health Authority strip-packing unit which is situated at the hospital, and on a supply of liquid medications in individual dose pots. The Regional packaging unit provides strip packed tablets not only for its own hospital needs but also for some forty other hospitals.

During my stay in the hospital the principal pharmacist, Mr G. Griffiths showed me around the hospital pharmacy, wards and the strip-packing unit. I will try my best to describe the basic elements of the system and how it works.

PATIENT PROFILES

The first requisite is a folder into which the "patient profiles" for each ward are kept. This profile is a copy of the prescriptions for each patient — simplified by using for instance "x4" instead of "q.d.s." and with one's own notes such as "rarely needs this" and with space for such details as the date the drug was first prescribed. The patient profile is essential so that the prescriptions need never leave the ward.

The pharmacist in charge takes hold of the folder of a particular ward, for example, Miller Ward. This acute psychiatric ward is located about 200 metres from

the pharmacy in external building. Since it is difficult to move trolleys from the ward to the Pharmacy, the pharmacist takes the required drugs and profiles to the ward in a small carrying box (or case) made to the requirements of the hospital by the Enfield Box Company having six or eight compartments. The pharmacist then proceeds to the store where the strip packaged tablets and unit dose pots are kept. He starts filling the box with medicines in patient order. After having completed the box, he takes it personally from the pharmacy to the ward in question. The box contains the weekly requirements for each patient in the ward. He now carries out the servicing of the trolley in the clinic room itself.

Wren and Victoria wards were long-stay psychiatric wards situated in the main building of the hospital and close to the pharmacy. The drug trolleys and the Kardex record are collected by the portering staff, and taken to the pharmacy for servicing.

Once a week the pharmacist tops each patient's drawer on the trolley with enough unit packed medication using the patient's Kardex records to determine the drug requirements. The pharmacist initials the Kardex and updates the patient's profile. Where it is not possible to supply a tablet or capsule in strip packed form or a medicine in unit dose container, the seven days' supply of the drug is dispensed into a bottle. The bottle is labelled with the patient's name and is placed in the patient's drawer.

IN THE WARD

The medicine trolley is wheeled from the ward clinic room to a convenient point in the ward from which the drugs may be given out; in Wren and Victoria wards, distribution is from the clinic room. Two nurses, at least, one of whom can identify the patients, administer the medication. Ambulant patients are asked to come to the trolley. The trolley is placed in a position that will prevent patients having access to the drugs. In turn each patient's medication chart (Kardex) is checked. The patient's drawer is pulled from the trolley and the correct drug and dosage are withdrawn from the drawer. The drawer is replaced in the trolley and the medication chart initialled.

In a recent article in the *Pharmacy Times*, the Director of Pharmacy Services of the Union Memorial Hospital, Baltimore, Maryland indicated clearly that the unit dose system in his hospital provided the pharmacy with much more drug control than it previously had (Pellissier, N. 1978). The unit dose system also helped to reduce medication errors as well as nursing time spent on drug administration.

I think the study I carried out based on a visit to a hospital utilising the unit dose and a literature review on unit dose medication distribution has convinced me to do my utmost in the years to come to see that the system is implemented in our state hospitals. I am of the opinion that the system should first be implemented in a psychiatric hospital like Mount Carmel Hospital. The reason lies in the fact that long-stay hospitals have few changes in medication and this would be financially more feasible.